

NOTE: Use this space to keep track of your records disposal requests.

Page 1 of ____

Disposal Request Number ____

MONTANA LOCAL GOVERNMENT RECORDS COMMITTEE
Records Destruction Subcommittee
REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL OR DESTRUCTION

FROM:

TO: Montana Local Government Records Committee
c/o Local Government Services Bureau
Montana Department of Administration
PO Box 200547
Helena, MT 59620-0547

DESCRIPTION OF RECORDS (include case # or other identifying numbers)	INCLUSIVE DATES From To	DISPOSITION		Check if confidential or private record *	Check if 10 years old or older	COMMENTS
		Approved	Disapproved			
EXAMPLE: Sealed Civil Files #23-234	Jan. 2, 1907-Dec. 30, 1922	✓		✓	✓	Microfilmed
EXAMPLE: Cemetery Records – Cemetery Full	June 1911 – Nov. 1937		✓			Permanent Record
EXAMPLE: Commission Minutes	Jan. 1, 1919– June 30, 1929	✓			✓	Transfer/Museum, etc.

Authorization is granted on the express condition that all the fiscal records involved have been audited and the audit approved, or such records are not required for future audit, and that all of the records listed have ceased to have sufficient value to warrant future retention and that any **PUBLIC** records that are **ten (10) years old or older** have been first offered to the Montana Historical Society, the State Archives, Montana public and private universities and colleges, local historical museums, local historical societies, Montana genealogical groups and the general public. *The local entity must determine if records are confidential or private and mark accordingly. For more information check the following http://www.sos.state.mt.us/css/RMB/Local_Forms.asp.

Public records more than ten (10) years old approved for destruction may not be destroyed for at least 180 days after this date ____, 20__.

ORDERED BY

(These signatures are needed before mailing for approval)

Governing Body *Date* *Phone*

Records Custodian *Date* *Phone*

Other Approvals *Date* *Phone*

APPROVED BY

*Records Approved by Montana Department
of Administration Subcommittee Member* *Date*

*Records Approved by Montana State Archives
Subcommittee Member* *Date*

*10 year notice approved by "Records Management Bureau"
of the Montana Secretary of State* *Date*

CERTIFICATION OF DESTRUCTION

I hereby attest that I have destroyed, transferred or will keep all records as checked on this form. If the records were destroyed or transferred, I noted in the [Comments] column above what we did with the records.

Name/Title/Date

